

Form DS-764		DEPARTMENT OF STATE		DATE	
REQUEST FOR INFORMATION				May 25, 1960	
TO:		FROM:			
CIA - NAME CHECK		SY/I - Mr. Shea			
FULL NAME OF PERSON OR FIRM		DATE OF BIRTH		PLACE OF BIRTH	
HERCZEG, Karl L., Dr.		1924			
ALIASES AND NICKNAMES		RACE		SEX	
				Male	
ADDRESS		OCCUPATION		EMPLOYER	
TYPE OF INFORMATION DESIRED		CITIZENSHIP STATUS		NAT. CERT. NO.	
<input type="checkbox"/> All information					
<input type="checkbox"/> Derogatory					
NAME OF ORGANIZATION		HEADQUARTERS ADDRESS			
REPLY		OSTENSIBLE PURPOSE			
<input type="checkbox"/> Material attached					
<input type="checkbox"/> No record					
<input type="checkbox"/> No derogatory information					
<input type="checkbox"/> Other					
AD dot neg 3 June 60 PS 8 June 60					
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2005					
81 MAY 1960					
File in [ ]					
DATE		CHECKED BY			